



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**
State Form 4604 (R15 / 5-19)
Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CFA-1)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☐ Yes ☒ No If Yes, please enter the file number in this box. →

46-20-42

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name LANE, JR	First Name James	Middle Name Edward	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address (number and street, city, state, and ZIP code) 401 OAK ST A		5. FAX (Optional) ()		6. E-mail Address (Optional) minister.james.lane@yahoo.com
7. City Michigan City	State IN	ZIP Code 46360	8. County LaPorte	9. Telephone (Day) (219) 210-2300
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other			10. Telephone (Evening) ()	
12. Office Sought (Include district number, if any. Not required for an exploratory committee.) LaPorte County Council-At Large				

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate.) <input checked="" type="checkbox"/> Check if this is a new name. Candidate of LANE Committee to Elect LANE				
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 401 OAK ST		15. FAX (Optional) ()		16. E-mail Address (Optional)
17. City Michigan City	State IN	ZIP Code 46360	18. County LaPorte	19. Telephone (219) 617-0108
20. Committee Organization Date (mm/dd/yy) 2/11/2020				
Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input checked="" type="checkbox"/> Check if this is a new chairperson. WALT FRY				
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 401 OAK ST		23. FAX (Optional) ()		24. E-mail Address (Optional) Minister.james.lane@yahoo.com
25. City Michigan City	State IN	ZIP Code 46360	26. County LaPorte	27. Telephone (Day) (219) 617-0108
28. Telephone (Evening) ()				
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) PNC BANK and HORIZAN BANK				
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) N/A			31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.	Person Appointed Treasurer Latrecia A. Lane	Signature of the Committee Chairperson Latrecia Lane
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Latrecia Antoinette LANE		
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 401 OAK ST		35. FAX (Optional) ()
36. E-mail Address (Optional)	37. City Michigan City	
38. County LaPorte	39. Telephone (Day) (219) 801-4458	40. Telephone (Evening) ()

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).	Signature of Person Accepting Appointment Latrecia Lane
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SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.		
Typed or Printed Name of Chairperson WALT FRY	Signature of Chairperson Walt Fry	Date (mm/dd/yy) 2-18-2020
43. Typed or Printed Name of Candidate James E. Lane JR	Signature of Candidate James E. Lane JR	Date (mm/dd/yy) 2-18-2020

Warning: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Level 6 D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY
IN CLERKS OFFICE

FEB 18 2020

CLERK OF LA PORTE CIRCUIT COURT



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R15 / 5-19)
Indiana Election Division (IC 3-9-5-14)

(CFA-4) Summary Sheet

FILE NUMBER
46-20-42
TOTAL PAGES IN ENTIRE CFA-4 REPORT

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name.		Committee to Elect James Lane JK	
2. Acronym or Abbreviated Name (if any)		3. Committee Telephone Number (219) 210-2300	
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address.			
5. City, State, ZIP Code Michigan City IN 46360		6. Party Affiliation (if applicable) Democrat	
CANDIDATE INFORMATION (For Candidate's Committees Only)			
7. Full Name of Candidate (Include any nickname.)		8. Party Affiliation or If Independent Candidate Democrat	
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Laporte County Council at Large		10. County of Residence Laporte	
TYPE OF REPORT		CONVENTION CANDIDATES ONLY	
11. Check one: <input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)		Check one: <input checked="" type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention	
12. Reporting Period (mm/dd/yy): From: JAN 1 - 2020 Through: MAY 15, 20		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		0	
14. Cash on hand and investments January 1, current year.			
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)		0	
15b. Unitemized		0	
15c. Add lines 15a and 15b in both columns. SUBTOTAL		0	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL		0	
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0	
17b. Unitemized		0	
17c. Add lines 17a and 17b in both columns. SUBTOTAL		0	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL		0	
19. Debts OWED BY the committee (Use Schedule D.)		0	
20. Debts OWED TO the committee (Use Schedule E.)		0	

CERTIFICATION			FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.			
Signature of Treasurer <i>James Lane</i>	Title Treasurer	Date (mm/dd/yy) 5-15-20	FILED IN CLERKS OFFICE MAY 15 2020 CLERK OF LA PORTE CIRCUIT COURT
Signature of Candidate (if applicable) <i>James Lane</i>		Date (mm/dd/yy) 5-15-20	
<p>WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)</p>			